MAIL TO:

Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

Telephone: (916) 445-2021

WEB SITE ADDRESS:

http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing period as defined in Government Code section 12586.1. IRS extensions will be horganized General Code section 12586.1.

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-State Charity Registration Number 121 8					c if:						
Animal Advocates					inge of addressegistry of Charitable Trusts						
Name of Organization Lamended report											
645 W. 9th St. #110-140 Address (Number and Street)					prate or Organization No	7					
Los Angeles, CA 90015					48-1287084	· · · · · · · · · · · · · · · · · · ·	-				
City or Town, State and ZIP Code Federal Employer I.D. No.											
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts											
Gros	s Annual Revenue	Fee	Gross Annual Revenue	<u>Fee</u>	Gross Annual Revenue		<u>F</u>	<u>ee</u>			
	than \$25,000 veen \$25,000 and \$100,000	0 \$2 5	Between 100,001 and \$250,000 Between \$250,001 and \$1 million	\$50 \$75	Between \$1,000,001 and \$10 milli Between \$10,000,001 and \$50 mil Greater than \$50 million		\$2	150 225 300			
PART A - ACTIVITIES											
For your most recent full accounting period (beginning 01 / 01 / 03 ending 12 / 31 / 03) list:											
		,700	Total assets \$	250							
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PAH			GANIZATION DURING THE PERIO			د د در د درو یم					
Note			stions below, you must attach a separ uctions for information required.	ate sheet	providing an explanation and detail	s for each	"ye	s "			
	During this remarks a market or				and between the arranization and any	Yes		No			
1.	officer, director or trustee there	ere there any eof either dire	contracts, loans, leases or other financia ctly or with an entity in which any such of	ii transactio fficer, direc	tor or trustee had any financial interes	it?		×			
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?								×			
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?								×			
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.								×			
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes,"											
provide an attachment listing the name, address, and telephone number of the service provider.]	×			
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.								×			
7.	During this reporting period, d	id the organiz	ation hold a raffle for charitable purposes	? If "yes,"	provide an attachment indicating the		٦	×			
8.	Does the organization conductive the charity or whether the	t a vehicle do	nation program? If "yes," provide an atta ontracts with a commercial fundraiser for	achment in	dicating whether the program is opera	ited	7	×			
 					<u> </u>	thic					
9.	reporting period?	epareo an aud	dited financial statement in accordance w	nın generai	ny accepted accounting principles for t			X			
Organization's area code and telephone number (310) 877 4770											
Organization's e-mail address mary@animaladvocates.us											
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.											
/	Mary //	- 0	Mary Cummins		President	12/6/20	010	,]			
1-4	Signature of author		Printed Name		Title	Date	•				
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